

Tuition Reimbursement Application Form

Employee Information

Employee Name: _____

Employee ID: _____

Department: _____

Designation: _____

Phone Number: _____

Email: _____

Education Information

University/College Name: _____

Program or Certification: _____

Degree Level: Associate Bachelor's Master's Doctorate

Start Date: _____ End Date: _____

Course List

Course Name	Course Code	Credits	Tuition Cost

Total Cost of Courses: _____

Amount Requested for Reimbursement: _____

Reason for Taking Course

- Job Requirement
- Career Development
- Required for Certification
- Other: _____

Supporting Documents Checklist

- Proof of Course Completion
- Itemized Tuition Invoice
- Payment Receipt

Employee Agreement

I certify that the above information is correct and that I have read and understand the tuition reimbursement policy.

Employee Signature:

Date: _____

Approval Section

Approved Denied (Reason: _____)

Manager's Name: _____

Signature: _____

Date: _____

HR Representative:

Signature: _____

Date: _____

